



Designation of Accountable, Custodial, and Receiving Officer(s)

I _____ certify that this appointment meets the qualification requirements specified in 310 FW1, Personal Property Management Policy, Terms and Responsibilities. I appoint the following individuals as the Accountable, Custodial, and Receiving Officers, for the Organization Code(s) and Accounts listed below:

Signature: _____ Date: _____

Region Program

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Division or Field Station

City

State

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Organization Code(s)

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Accountable Officer	Name:
	Email:
Custodial Officer	Name:
	Email:
Receiving Officer	Name:
	Email:

I accept appointment to the position above for the organization codes(s) and I have read and understand the duties and responsibilities in Part 310.

Signatures:

Date:

Accountable Officer		
Custodial Officer		
Receiving Officer		

Send completed forms to the Regional Personal Property Manager, Division of Contracting and General Services or Facilities Management.